

Document 1



Your checking account

PROMOTE FOX LLC | Account # [REDACTED] 5252 | October 1, 2019 to October 31, 2019

Deposits and other credits

Date	Description	Amount
10/09/19	WIRE TYPE:WIRE IN DATE: 191009 TIME:0651 ET TRN:2019100900252988 SEQ:282439030/220899 ORIG:M. CARLOS GHOSN BICHARA ID:[REDACTED] 9808 SND BK:HSBC BANK USA, NA ID:0108 PMT DET:FRI091090 RPTKCN4INVOICE 2019003	540,000.00
10/25/19	WIRE TYPE:WIRE IN DATE: 191025 TIME:1016 ET TRN:2019102500308938 SEQ:298534689/387709 ORIG:M. CARLOS GHOSN BICHARA ID:[REDACTED] 9808 SND BK:HSBC BANK USA, NA ID:0108 PMT DET:FRI251090 NRABIM8INVOICE 83	322,500.00

Document 2

WIRE REFERENCE NUMBER	2019282439030
PAYMENT TYPE	Chips Debit
STATUS	Processed
ACCOUNT NUMBER	██████████
OFFSETTING PARTY ID	955
TRANSACTION DATE	09-Oct-19
AMOUNT	540,000.00
PAYMENT TYPE	DR
TID	CCFRFRPPXXX
DEBIT PARTY	HSBC FRANCE SA
DEBIT PARTY ADDRESS	75419 PARIS CEDEX 08 FRANCE FR
DEBIT PARTY ADDR 2	
DEBIT PARTY ADDR 3	
CREDIT PARTY	BANK OF AMERICA N.A.
CREDIT PARTY ADDRESS	100 WEST 33RD STREET
CREDIT PARTY ADDR 2	
CREDIT PARTY ADDR 3	
BANK_TO_BANK	
PROFIT_CENTER	
COUNTRY_CODE	N
CURRENCY	30902
CANCEL_REASON	FR
	USD
ORIGINATOR	██████████ 5281
ORIGINATOR BANK	M. CARLOS GHOSN BICHARA ██████████
BENEFICIARY	AMSTERDAM PAYS-BAS/NL
BENEFICIARY BANK	CCFRFRPPXXX HSBC
SENDER_BANK_CORRESP	FRANCE ATTN
RECEIVER_BANK_CORRESP	TRAITEMENTS 103 AVENUE
SENDER_BANK	DES CHAMPS ELYSEES 75419 PARIS
INTERMEDIARY_BANK	CEDEX 08
ORIGINATOR_SEQB	
ORIGINATOR_BANK_SEQB	
BENEFICIARY_SEQB	
BENEFICIARY_BANK_SEQB	
SENDER_BANK_CORRESP_SEQB	
RECVR_BANK_CORRESP_SEQB	
INTERMEDIARY_BANK_SEQB	

RESTRICTED

WIRE REFERENCE NUMBER	2019298534689	
PAYMENT_TYPE	Chips Debit	
STATUS	Processed	
ACCOUNT NUMBER		
OFFSETTING PARTY ID	959	
TRANSACTION DATE	25-Oct-19	
AMOUNT	322,500.00	
PAYMENT_TYPE	DR	
TID	CCFRFRPXXX	
DEBIT PARTY	HSBC FRANCE SA	
DEBIT PARTY ADDRESS	75419 PARIS CEDEX 08 FRANCE FR	
DEBIT PARTY ADDR 2		
DEBIT PARTY ADDR 3		
CREDIT PARTY	BANK OF AMERICA N.A.	
CREDIT PARTY ADDRESS	100 WEST 33RD STREET	
CREDIT PARTY ADDR 2		
CREDIT PARTY ADDR 3		
BANK_TO_BANK	N	
PROFIT_CENTER	30902	
COUNTRY_CODE	FR	
CURRENCY	USD	
CANCEL_REASON		
	5281	
ORIGINATOR	M. CARLOS GHOSN BICHARA AMSTERDAM	PAYS-BAS/NL
	CCFRFRPXXX	HSBC
	FRANCE	ATTN
	TRAITEMENTS	103 AVENUE
ORIGINATOR BANK	DES CHAMPS ELYSEES	75419 PARIS
	CEDEX 08	
BENEFICIARY	5252	PROMOTE
	FOX LLC	
		HARVARD MA 01451
BENEFICIARY BANK		
SENDER_BANK_CORRESP	INVOICE 83	
RECEIVER_BANK_CORRESP		
SENDER_BANK		
INTERMEDIARY_BANK		
ORIGINATOR_SEQB		
ORIGINATOR_BANK_SEQB		
BENEFICIARY_SEQB		
BENEFICIARY_BANK_SEQB		
SENDER_BANK_CORRESP_SEQB		
RECVR_BANK_CORRESP_SEQB		
INTERMEDIARY_BANK_SEQB		

RESTRICTED

Document 3

EX-Taylor, P.-00806



Certified Copy of Limited Liability
Company Resolutions Opening and
Maintaining Deposit Accounts and Services



Bank Number _____

Account Number **5252**
5265
5278

Account Number _____

Name of Limited Liability Company **Promote Fox LLC**

I, the undersigned, hereby certify to **Bank of America, N.A.**, that I am a/the

Peter Taylor _____, and the designated keeper of the records and minutes of
Title _____

Promote Fox LLC, a limited liability company professional limited liability company duly organized and existing
under the laws of the State of **Massachusetts** (the "Company"); that I have full authority to manage, represent, sign for and bind
the Company; that the following is a true copy of resolutions duly adopted by a majority of the members/managers of said Company at a meeting duly held on the
day of _____, at which a quorum was present and acted throughout or adopted by the written consent of
a majority of the members/managers; and that such resolutions are in full force and effect and have not been amended or rescinded.

1. Resolved, that **Bank of America, N.A.** (the "Bank") is hereby designated
as a depository of the Company and that deposit accounts and/or time deposits (CDs) to be opened and maintained in the name of this Company with the Bank in
accordance with the terms of the Bank's Deposit Agreement and Disclosures and the applicable rules and regulations for such accounts; that any one of the
following members, managers, or employees of this Company:

Peter Taylor

Name **Oliver Taylor**

Name _____

Name _____

Name _____

Manager

Title/Status _____

Manager

Title/Status _____

Title/Status _____

Title/Status _____

is hereby authorized, on behalf of this Company and its name, to execute and sign any application, deposit agreement, signature card and any other documentation
required by Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to
endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this company for deposit with Bank or for collection or discount by
Bank; to accept, drafts, acceptances, and other instruments payable at Bank; to place orders with Bank for the purchase and sale of foreign currencies on behalf of
this Company; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Company;
to obtain an access device (including but not limited to a card, code, or other means of access to the Company's accounts) that may be used for the purpose of
initiating electronic fund transfers [Company agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12
C.F.R. Part 205) are applicable to any such access device]; to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement
and to request, or to appoint and delegate from time to time such persons who may request, wires of funds; to enter into any agreements with the Bank for the
provision by Bank of various Treasury Management services to this Company as such member, manager or employee may determine, in his or her sole discretion,
and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Company's
obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in
accordance with the terms of any such agreement shall have been received by Bank and that such termination shall not affect any action taken by the Bank prior to
such termination; to rent or lease a safe-deposit box from Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental
agreement or lease; to take whatever other actions or enter into whatever other agreements relating to the accounts or investment of funds in such accounts with
Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Company upon such terms and conditions as such member, manager
or employee may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any
other actions pursuant to such agreements in connection with said accounts that the member, manager or employee deems necessary; and to waive presentment,
demand, protest and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Company; and

2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for money orders or other instruments all instruments
signed in accordance with the foregoing resolutions even though such payment may create an overdraft or even though such instruments may be drawn or endorsed to the
order of any member, manager or employee signing the same or tendered by such member, manager or employee or third party for exchange or cashing, or in payment of
the individual obligation of such member, manager or employee, or for deposit to such member's, manager's or employee's personal account and Bank shall not be
required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing resolutions or the
application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for
payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an above authorized member, manager
or employee; and





Account Number 5252
5265
5278

Account Number

3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Company's name, including those payable to the individual order of any person whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an member, manager or employee authorized in the foregoing resolutions and the Bank shall be entitled to honor, to treat as authorized, and to charge this Company for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by a member/manager of this Company or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Company's name, which check, draft, or other order was accepted and paid without timely objection by the Company, thereby ratifying the use of such facsimile signature; and the Company hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

4. Further Resolved, that endorsements for deposit may be evidenced by the name of the Company being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and the Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and

5. Further Resolved, that a duly authorized member/manager of this Company shall certify to the Bank names and signatures of persons authorized to act on behalf of this Company under the foregoing resolutions and shall from time to time hereafter, as changes in the identity of said members, managers and employees are made, immediately report, furnish and certify such changes to the Bank and shall submit to the Bank a new account signature card reflecting such change(s) in order to make such changes effective and the Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any member, manager or employee so certified, or refusing to honor any signature not so certified; and

6. Further Resolved, that the foregoing resolutions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as the Bank is concerned until three (3) business days after the Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by said Bank prior thereto; and

7. Further Resolved, that all transactions by any member, manager or employee of this Company on its behalf and in its name with the Bank prior to the delivery to the Bank of a certified copy of the foregoing resolutions are, in all respects, hereby ratified, confirmed, approved and adopted; and

8. Further Resolved, that any member/manager be and hereby is, authorized and directed to certify these resolutions to the Bank and that the provisions hereof are in conformity with the Articles of Organization and Operating Agreement of this Company.

In Witness Whereof, and intending to bind the Company, I have hereunto subscribed my name as a member/manager of this Company, this March
 day of 29, 2010.

 Member/Manager

Bank Information

Date: / /

Banking Center Name: _____

Associate's Name: _____

Associate's Phone Number: _____

Document 4

EX-Taylor, P.-00809



Business Signature Card with Substitute Form W-9

D1

Account Number: [REDACTED] 5252
Account Type: DDA
Account Title: PROMOTE FOX LLC
Account Owner: PETER TAYLOR
Legal Designation: Limited Liability Company
Social Security Number (or) Employer Identification Number [REDACTED] 9395

If this document was opened via the customer service phone line, I/we agree that this account is and shall be governed by the terms and conditions set forth in the account opening documents mailed to me, as amended from time to time.

1. I am the owner of the authorized officer named in the "Owner Information" section and all information in the application is, to the best of my knowledge, correct. I am authorized to submit applications and all consents, as applicable, on behalf of all owners or partners of the business entity.
2. I have reviewed, received, consent and agree to be bound by the deposits Legal Documents and the Electronic Communication Disclosure and the System Requirements.
3. I consent to be contacted at the telephone number(s) I have provided. I agree that Bank of America may use automatic telephone dialing systems and prerecorded voice messaging in connection with calls or texts made to any telephone number(s) I provide even if the telephone number is a cellular / mobile telephone number for which the called party is charged. I also agree that Bank of America may monitor and / or record telephone calls to assure the quality of the service.
4. I authorize Bank of America to obtain a credit report or other reports or account information from credit or information services agencies to help verify the information provided in the application, for consideration of other accounts and services, and for any other lawful purpose
5. I sign the Tax Status Certification.

I acknowledge and agree that the electronic signature(s) below evidence my agreement to the terms and conditions set forth in connection with this account, and my certification (set forth below) of the taxpayer identification number (TIN) on which I want interest reported.

Substitute Form W-9 Certification - Under penalties of perjury, I certify that: (1) The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US citizen or other US person (Defined in the W-9 instructions) and, (4) "I am exempt from FATCA reporting".

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Tax Identification Number	Report Interest On	Signature	Date
[REDACTED] 9395	<input checked="" type="checkbox"/>	Customer acknowledgement electronically obtained	20190301

Customer has indicated Exempt Payee status under Exempt Payee Code _____

Exemption from FATCA Reporting Code (if any) _____

Customer Responses

Customer agrees to terms and conditions? Y

Customer is a U.S. citizen? Y

Customer is not subject to backup withholding? Y

TIN/SSN verified by customer? Y

Exempt from FATCA Reporting? Y

BANK OF AMERICA, N.A. (THE "BANK")

Business Signature Card
with Substitute Form W-9Account Number: 5252Account Type: Checking Savings Certificate of DepositAccount Title: Promote Fox LLC

Legal Designation	<input type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Trust/Estate	
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP				
	<input checked="" type="checkbox"/> Limited Liability Company (Enter tax classification; C=C Corporation, S=S Corporation, P=Partnership)				
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.				
	<input type="checkbox"/> Other (Defined in W-9 Instructions)				
Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)		Exempt payee code (if any)			
(Applies to accounts maintained outside the U.S.)					
Employer Identification Number <u>9395</u>		(or) Social Security Number			

By signing below, I/we acknowledge, agree and consent:

- To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.

Nonresident Alien (NRA) Status: Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

Substitute Form W-9: Certification – Under penalties of perjury, I certify that:

- The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (Defined in the W-9 Instructions); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Title (if applicable)	Signature	Date
Peter Taylor			29 March 2019
Oliver Taylor			29 March 2019



00-14-9297MW-11-2018

NNC

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Associate Name:
Financial CenterBank Number:
Date:

898HMO

EX-Taylor, P.-00811

BANK OF AMERICA, N.A. (THE "BANK")

Business Signature Card
with Substitute Form W-9



Account Number: 5252

ATM/Deposit/Debit Card Request

Provided that the account referenced above is eligible to receive Automated Teller Machine (ATM) cards and/or Debit Cards, I/we (as authorized by the resolutions and/or court documents and/or other agreements which authorize this account) hereby request the issuance of such cards to any of the authorized signers on this account.

Authorized Signer:

Peter Taylor

Title: _____

Authorized Signer:

Oliver Taylor

Title: _____

Authorized Signer:

Title: _____